



Privacy Committee

Health Care Operations Task Group

CMIA and HIPAA Reconciliation Matrix

45 Code of Federal Regulations (CFR)			California Civil Code					Reconciliation
§ 164.501 Definitions	§ 164.506 Uses and disclosures to carry out treatment, payment, or health care operations.	§ 164.514(e)(2) Other requirements relating to uses and disclosures of protected health information.	§ 56.10. Authorization for disclosure (c)(1) through (4)	§ 56.10. Authorization for disclosure (c)(10) and (c)(11)	§ 56.10. Authorization for disclosure (c)(14) and (c)(16)	§ 56.10. (c) Authorization for disclosure (c) 17	§ 56.10. (d) Authorization for disclosure	
Health care operations means any of the following activities of the covered entity to the extent that the activities are related to covered functions:	(c) Implementation specifications: Treatment, payment, or health care operations	(e)	(c) a provider of health care or a health care service plan may disclose medical information as follows:					
(1) Conducting <ul style="list-style-type: none"> ❖ quality assessment and improvement activities, including <ul style="list-style-type: none"> ➢ outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; ❖ population-based activities relating to <ul style="list-style-type: none"> ➢ improving health or reducing health care costs, ➢ protocol development, ➢ case management and care coordination, ➢ contacting of health care providers and patients with 	(1) A covered entity may use or disclose protected health information for its own treatment, payment, or <u>health care operations</u> . (2) A covered entity may disclose protected health information for treatment activities of a health care provider. (3) A covered entity may disclose protected health information to another covered entity or a health care provider for the payment activities	(1) Standard: Limited data set. A covered entity may use or disclose a limited data set that meets the requirements of paragraphs (e)(2) and (e)(3) of this section, if the covered entity enters into a data use agreement with the limited data set recipient, in accordance with paragraph (e)(4) of this section. (2) Implementation specification: Limited data set: <u>A limited data set is protected health information that excludes the following direct</u>	(1) The information may be disclosed to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of <ul style="list-style-type: none"> ❖ diagnosis or ❖ treatment of the patient. This includes, <ul style="list-style-type: none"> ❖ in an emergency situation, <ul style="list-style-type: none"> ➢ the communication of patient information by radio transmission or other means between emergency medical personnel at the scene of an emergency, or improving health or reducing health care costs,	(10) The information may be disclosed to a health care service plan by providers of health care that contract with the health care service plan and may be transferred among providers of health care that contract with the health care service plan, <u>for the purpose of administering the health care service plan</u> . Medical information shall not otherwise be disclosed by a health care service plan except in accordance with this part.	(14) The information may be disclosed <u>when the disclosure is otherwise specifically authorized by law</u> , including, but not limited to, the voluntary reporting, either directly or indirectly, to the federal Food and Drug Administration of adverse events related to drug products or medical device problems.	(17) <u>For purposes of disease management programs and services</u> as defined in <i>Section 1399.901 of the Health and Safety Code</i> , information may be disclosed as follows: (A) to an entity contracting with a health care service plan or the health care service plan's contractors to monitor or administer care of enrollees for a covered benefit, if the disease management services and care are authorized by a treating physician, or (B) to a disease management organization, as defined in <i>Section</i>	(d) Except to the extent expressly authorized by a patient or enrollee or subscriber or as provided by subdivisions (b) and (c), a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates <u>shall not intentionally share, sell, use for marketing, or otherwise use medical information for a purpose not necessary to provide health care services to the patient.</u>	



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<p>information about treatment alternatives; and ❖ related functions that do not include treatment;</p>	<p>of the entity that receives the information.</p> <p>(4) A covered entity may disclose protected health information to another covered entity for health care operations activities of the entity that receives the information, if each entity either has or had a relationship with the individual who is the subject of the protected health information being requested, the protected health information pertains to such relationship, and the disclosure is:</p> <p>(i) For a purpose listed in paragraph (1) or (2) of the definition of health care operations; or</p> <p>(ii) For the purpose of health care fraud and abuse detection</p>	<p><u>identifiers of the individual or of relatives, employers, or household members of the individual:</u></p> <p>(i) Names;</p> <p>(ii) Postal address information, other than town or city, State, and zip code;</p> <p>(iii) Telephone numbers;</p> <p>(iv) Fax numbers;</p> <p>(v) Electronic mail addresses;</p> <p>(vi) Social security numbers;</p> <p>(vii) Medical record numbers;</p> <p>(viii) Health plan beneficiary numbers;</p> <p>(ix) Account numbers;</p> <p>(x) Certificate/license numbers;</p>	<p>➤ in an emergency medical transport vehicle, and emergency medical personnel at a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code.</p>			<p>1399.900 of the Health and Safety Code, that complies fully with the physician authorization requirements of Section 1399.902 of the Health and Safety Code, if the health care service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the health care service plan's or contractor's network of physicians. This paragraph does not require physician authorization for the care or treatment of the adherents of a well-recognized church or religious denomination who depend solely upon prayer or spiritual means for healing in the practice of the religion of that church or denomination.</p>		
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	<p>or compliance.</p> <p>(5) A covered entity that participates in an organized health care arrangement may disclose protected health information about an individual to another covered entity that participates in the organized health care arrangement for any health care operations activities of the organized health care arrangement.</p>	<p>(xi) Vehicle identifiers and serial numbers, including license plate numbers;</p> <p>(xii) Device identifiers and serial numbers;</p> <p>(xiii) Web Universal Resource Locators (URLs);</p> <p>(xiv) Internet Protocol (IP) address numbers;</p> <p>(xv) Biometric identifiers, including finger and voice prints; and</p> <p>(xvi) Full face photographic images and any comparable images.</p>						
<p>(2)</p> <ul style="list-style-type: none"> ❖ Reviewing the competence or qualifications of health care professionals, ❖ evaluating practitioner and provider performance, health plan performance, ❖ conducting training programs in which 			<p>(2) The information may be disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor, or any other person or entity responsible for paying for health care services rendered to the</p>	<p>(11) This part does not prevent the disclosure by a provider of health care or a health care service plan to an insurance institution, agent, or support organization, subject to Article 6.6 (commencing with</p>	<p>(16) The information may be disclosed to a third party for purposes of encoding, encrypting, or otherwise anonymizing data. However, no information so disclosed shall be</p>			

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<p>students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals,</p> <ul style="list-style-type: none"> ➤ accreditation, ➤ certification, ➤ licensing, or ➤ credentialing activities; 			<p>patient, to the extent necessary to allow responsibility for payment to be determined and payment to be made. If (A) the patient is, by reason of a comatose or other disabling medical condition, unable to consent to the disclosure of medical information and (B) no other arrangements have been made to pay for the health care services being rendered to the patient, the information may be disclosed to a governmental authority to the extent necessary to determine the patient's eligibility for, and to obtain, payment under a governmental program for health care services provided to the patient. The information may also be disclosed to another provider of health care or health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to the patient.</p>	<p>Section 791) of Chapter 1 of Part 2 of Division 1 of the Insurance Code, of medical information if the insurance institution, agent, or support organization has complied with all of the requirements for obtaining the information pursuant to Article 6.6 (commencing with Section 791) of Chapter 1 of Part 2 of Division 1 of the Insurance Code.</p>	<p>further disclosed by the recipient in a way that would violate this part, including the unauthorized manipulation of coded or encrypted medical information that reveals individually identifiable medical information.</p>			
<p>(3) ❖ Underwriting.</p>			<p>(3) The information may be disclosed to a person or</p>					



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<ul style="list-style-type: none"> ❖ premium rating, and other activities relating to the <ul style="list-style-type: none"> ➤ creation, ➤ renewal or ➤ replacement of a contract of health insurance or health benefits, and ❖ ceding, ❖ securing, or ❖ placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance), provided that the requirements of §164.514(g) are met, if applicable; 			<p>entity that provides billing, claims management, medical data processing, or other administrative services for providers of health care or health care service plans or for any of the persons or entities specified in paragraph (2). However, information so disclosed shall not be further disclosed by the recipient in a way that would violate this part.</p>					
<p>(4) Conducting or arranging for</p> <ul style="list-style-type: none"> ❖ medical review, ❖ legal services, and ❖ auditing functions, including <ul style="list-style-type: none"> ➤ fraud and ➤ abuse detection and ➤ compliance programs; 			<p>(4) The information may be disclosed to</p> <ul style="list-style-type: none"> ❖ organized committees and agents of professional societies or ❖ of medical staffs of licensed hospitals, ❖ licensed health care service plans, ❖ professional standards review organizations, ❖ independent medical review organizations and their selected reviewers, 					



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			<ul style="list-style-type: none"> ❖ utilization and quality control peer review organizations as established by Congress in Public Law 97-248 in 1982, ❖ contractors, or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, health care service plans, organizations, reviewers, contractors, or persons are engaged <ul style="list-style-type: none"> ➤ in reviewing the competence or qualifications of health care professionals or ➤ in reviewing health care services with respect to medical necessity, level of care, quality of care, or justification of charges. 					
(5) Business planning and development, such as <ul style="list-style-type: none"> ❖ conducting cost-management and ❖ planning-related analyses related to managing and operating the entity, including <ul style="list-style-type: none"> ➤ formulary development 								



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<p>and administration, ➤ development or ➤ improvement of methods of payment or coverage policies; and</p>								
<p>(6) Business management and general administrative activities of the entity, including, but not limited to:</p> <p>(i) Management activities relating to implementation of and compliance with the requirements of this subchapter;</p> <p>(ii) Customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer.</p> <p>(iii) Resolution of internal grievances;</p> <p>(iv) The sale, transfer, merger, or consolidation of all or part of the covered entity with another covered entity, or an entity that following such activity will become a covered entity and due diligence</p>								



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related to such activity; and								
(v) Consistent with the applicable requirements of §164.514, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity.								

Legend: Blue highlighted segments of 45 CFR § 164.501 (HIPAA) are the 13 identified policy areas that need to be reconciled into California Civil Code 56.10 (CMIA).

Underlined phrases and/or words are those referred to in the Reconciliation and Harmonization of HIPAA's Health Care Operations and the CMIA document.